

U.S. Postal Service
CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)

| | | |
|---|------------|------------------|
| OFFICIAL USE | | |
| 1:02 CR 78-2 | Postage \$ | CATHY MONTESI |
| Certified Fee | | Postmark Here |
| Return Receipt Fee (Endorsement Required) | | |
| Restricted Delivery Fee (Endorsement Required) | | |
| Total Postage & Fees | \$ | |
| Sent To United States Department of State Office of Passport Policy and Advisory Services Street, Apt. No. or PO Box No. 2100 Pennsylvania Ave. N.W., 3 rd Floor City, State, ZIP: Washington, DC 20037 | | |

PS Form 3300, January 2001 See Reverse for Instructions